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ABSTRACT

This guide is the participant's workbook for the second in a series of instructor-assisted training modules for rehabilitation counselors, supervisors, and graduate students. This workbook for the second module focuses on the counseling skills needed for rehabilitation of the severely disabled and provides forms and training aids for use during the training workshop. An introductory section presents program development needs, a model for counselor information acquisition, and an outline of the phases of the rehabilitation process coordinated with the goal-setting skills to be acquired, i.e.: (1) obtaining necessary knowledge during the intake interview and from medical evaluations; (2) planning psychological and vocational evaluations for the severely disabled; (3) processing client evaluation data; and (4) setting goals with the client. Appendix A presents a review of frequently used psychological tests. The conclusion provides an overview of the complete goal-setting training process. (MCF)

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Advanced Facilitative Case Management Series
Training Package II

Goal-Setting: Guidelines for Diagnosis and Rehabilitation Program Development

Participant's Workbook

Richard T. Roessler **Stanford E. Rubin**

CG 016038

Arkansas Rehabilitation Research and Training Center
University of Arkansas
Arkansas Rehabilitation Services
1980

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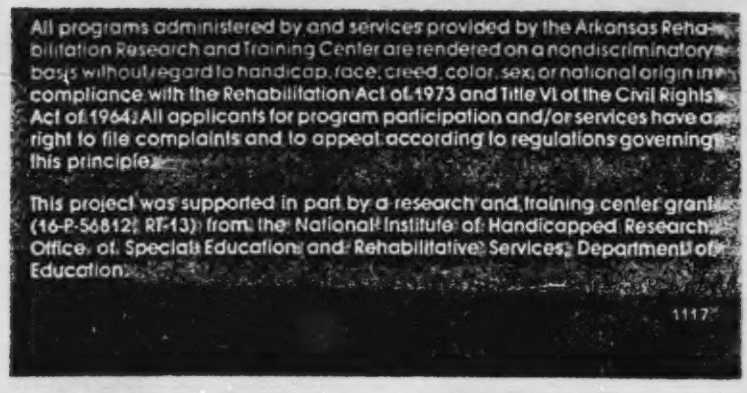
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Foreword

The Goal-Setting Training Package teaches the following skills: information collection, diagnostic information processing, and program development. These three rehabilitation counselor skills play a significant role in the rehabilitation of the severely disabled.

The development of this package was no simple task. A tremendous amount of support and consultation were received. In fact, so many people reviewed the material that it would be most difficult to list each person's name. However, we are particularly indebted to a number of Region VI rehabilitation personnel who served on "user review teams" and provided input and suggestions from the trainer's veiwpoint as well as the practitioner's viewpoint. Among these were:

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Richard T. Roessler
Stanford E. Rubin

Participant's Workbook

The rehabilitation counselor must serve as:

1. **An effective diagnostician** - The rehabilitation counselor must gather and process a large amount of information on the client. This information, which can come from either the client or other sources, should be used to determine client eligibility and an appropriate rehabilitation plan with the client.
2. **A facilitator of client goal-setting via the interview** - The rehabilitation counselor must be able to help the individual with a disability set appropriate rehabilitation goals in physical, psychosocial, educational-vocational, and economic areas.
3. **An effective goal attainment monitor** - The rehabilitation counselor must encourage and measure the attainment of intermediate and long-range rehabilitation objectives.
4. **An efficiency expert** - Big caseloads and the need for closures demand that the rehabilitation counselor carry out the three roles listed above in an efficient manner.

Stages of the Rehabilitation Process

	Evaluation Steps	
Step 1	**Intake Interview**	**Training Phase I:** Acquiring necessary knowledge during the intake interview.
Step 2	**Medical Evaluation**	**Training Phase II:** Acquiring necessary knowledge from medical evaluation.
Step 3	**Psychological Evaluation**	**Training Phase III:** Planning psychological evaluation for the severely disabled.
Step 4	**Vocational Evaluation**	**Training phase IV:** Planning vocational evaluation for the severely disabled.
Step 5	**Counselor Processing of Client Evaluation Data**	**Training Phase V:** Processing client evaluation data.
	Planning Step	
Step 6	**Rehabilitation Plan Interview**	**Training Phase VI:** Joint counselor/client rehabilitation planning.

Program Development Information Needs

Table 1

Physical Factors

Extent of disability

1. How does the disability handicap employment potential?
2. Is the disability progressive or stable?
3. Can the client's functioning in activities of daily living be improved?
4. How much assistance in activities of daily living will the client always need?

Services

1. Which physical restoration services are needed to reduce the handicapping effects of the disability (e.g., surgery, orthotic and prosthetic devices, physical therapy, and occupational therapy)?
2. Can job modifications reduce the extent of the client's physical handicap for employment?

Psychosocial Factors

Psychological reaction to disability

1. To what degree has the client adjusted to the handicapping aspects of the disability?
   a. Does the client use "disability" as an excuse for failure?
   b. Are any physical symptoms psychologically based?
   c. Is the client excessively concerned with personal health?
   d. What secondary gains is the client receiving from remaining unemployed?

Vocational self-concept

1. Does the client have a realistic perception of current
   a. strengths and weaknesses as a worker,
   b. potential for vocational skill development, and
   c. reasons for being unemployed?

Family and friends

1. What positive or negative role will the client's family and friends play in the rehabilitation process, e.g., be supportive, overprotective, or unrealistic regarding client potential?

Job acquisition

1. Can the client independently locate job openings?
2. Can the client satisfactorily fill out job application blanks?
3. Can the client make a good impression on an employer?

Job sustention

1. Can the client satisfactorily meet the demands of competitive work; e.g., accepting supervision, working independently, getting along with co-workers, and maintaining an adequate production rate?
2. Would the client's present use of leisure time adversely affect job retention?

Services

1. Which personal counseling, family counseling, work adjustment and/or placement services would be necessary; e.g., psychotherapy, work adjustment training, and job seeking skills training?

Educational-Vocational History Factors

Educational history

1. Which type of vocational training or jobs does the client's educational history suggest?
2. Are client vocational aspirations and educational history compatible?

Work history

1. What vocational skills does the client currently possess?
2. What vocational skills can the client develop that could limit the functional impact of the disability?
3. Has the client developed avocational skills that have vocational relevance?
4. Are client vocational goals consistent with current vocational interests?

Services

1. Which educational and vocational services are needed (e.g., remedial education and/or vocational training)?

Economic Factors

Financial considerations

1. Do disability-related financial benefits (SSI, SSDI, Medicaid, Workmen's Compensation) create disincentives to the client's rehabilitation?
2. Could current debts affect the completion of the client's rehabilitation program?
3. Can the client manage personal finances?
4. Does the client have sufficient financial support at present?

Services

1. What economic support will the client need during and after the rehabilitation program (e.g., SSI, Food Stamps, Low Rent Housing, etc.)?

Diagnostic Information Summary on Shirley Steed Based on Intake Interview, Medical Examination, and Psychological Evaluation

Physical Factors

Mrs. Steed suffers from chronic obstructive pulmonary emphysema and varicose veins. Ventilation functions of the lungs are impaired, and her expiration rates are below normal. Although she experiences periodic coughing followed by shortness of breath, Mrs. Steed is able to return to unlabored breathing within a short period.

Mrs. Steed has developed large, distorted veins in her legs, particularly in the right leg. She experiences frequent leg muscle fatigue, swelling in the ankles, and nocturnal leg cramps. Surgery is not necessary at this time, but Mrs. Steed should wear elastic stockings, avoid undue standing, and elevate her legs periodically during the day. Since the varices of the right leg are more pronounced, those veins may eventually require ligation and/or stripping.

Due to pulmonary emphysema, Mrs. Steed should select work sites as free as possible from industrial fumes or other foreign substances. She should also avoid work settings characterized by dampness, cold, or excessively dry heat. She should not smoke nor should she work with heavy smokers. She must avoid strenuous activities such as climbing stairs and carrying heavy loads. Mrs. Steed's varicose veins necessitate a variable schedule of sitting and standing. She should not be on her feet for extended periods of time.

Table 1 Questions Overlooked or Inadequately Covered	Reason questions should be answered during the diagnostic process
1.	1.
2.	2.
3.	3.
4.	4.

Psychosocial Factors

With the exception of sales, Mrs. Steed should have little difficulty meeting the demands of a competitive work environment. Of course, she will require appropriate medical treatment and a sufficient period of convalescence. Mrs. Steed has apparently adjusted to the fact that she can no longer do heavy work. However, uncertainties about (1) her health situation, (2) the type of job she might acquire in the future, (3) her future earning potential, and (4) her difficulties with her two sons have apparently caused her to feel very depressed. Three years ago, Mrs. Steed's psychotherapist diagnosed her condition as a psychoneurotic disorder: acute depressive reaction. The depression lifted and psychotherapy was considered successful. A recent referral to a psychologist indicated that she is again experiencing an acute depressive reaction (DSM III, 300.40) which will warrant counseling services.

Mrs. Steed's desire to be re-employed as soon as possible suggests that rapid placement in vocational training could ease her feelings of depression. However, she should enter vocational training gradually, e.g., attend vocational training classes during the morning session until sufficient physical stamina has been regained to tolerate a full day of training. Mrs. Steed should be capable of independently acquiring her own employment.

Table 1 Questions Overlooked or Inadequately Covered	Reason questions should be answered during the diagnostic process
1.	1.
2.	2.
3.	3.
4.	4.

Educational and Vocational History Factors

Although Mrs. Steed quit high school in the twelfth grade, she received a high school diploma three years ago by passing the GED examination. Her high school record suggests that she was an average student who would have had little difficulty completing high school had she not become pregnant in her senior year. Although she completed it over twenty years ago, Mrs. Steed both did well in and enjoyed typing and shorthand in high school. Therefore, office work may be an appropriate vocational choice for Mrs. Steed. However, Mrs. Steed has had no formal work experience as a secretary. Her employment history is largely confined to work in print shops and clerking in a fabric shop. She worked in one print shop for over eight years.

No longer able to work at jobs requiring physical labor or standing, Mrs. Steed cannot remain in printing. Although less demanding physically, a sales clerk position in a fabric shop would not be suitable for Shirley. She did not like the high pressure, competitive atmosphere characteristic of that job.

In spite of frequent absences due to illnesses in her last two print jobs, the length of job tenure suggests good worker attitudes. Therefore, she would seem to be a good risk for retraining. Mrs. Steed has expressed interest in clerical/office work and realizes that she would need to upgrade her skills.

Table 1 Questions Overlooked or Inadequately Covered	Reason questions should be answered during the diagnostic process
1.	1.
2.	2.
3.	3.
4.	4.

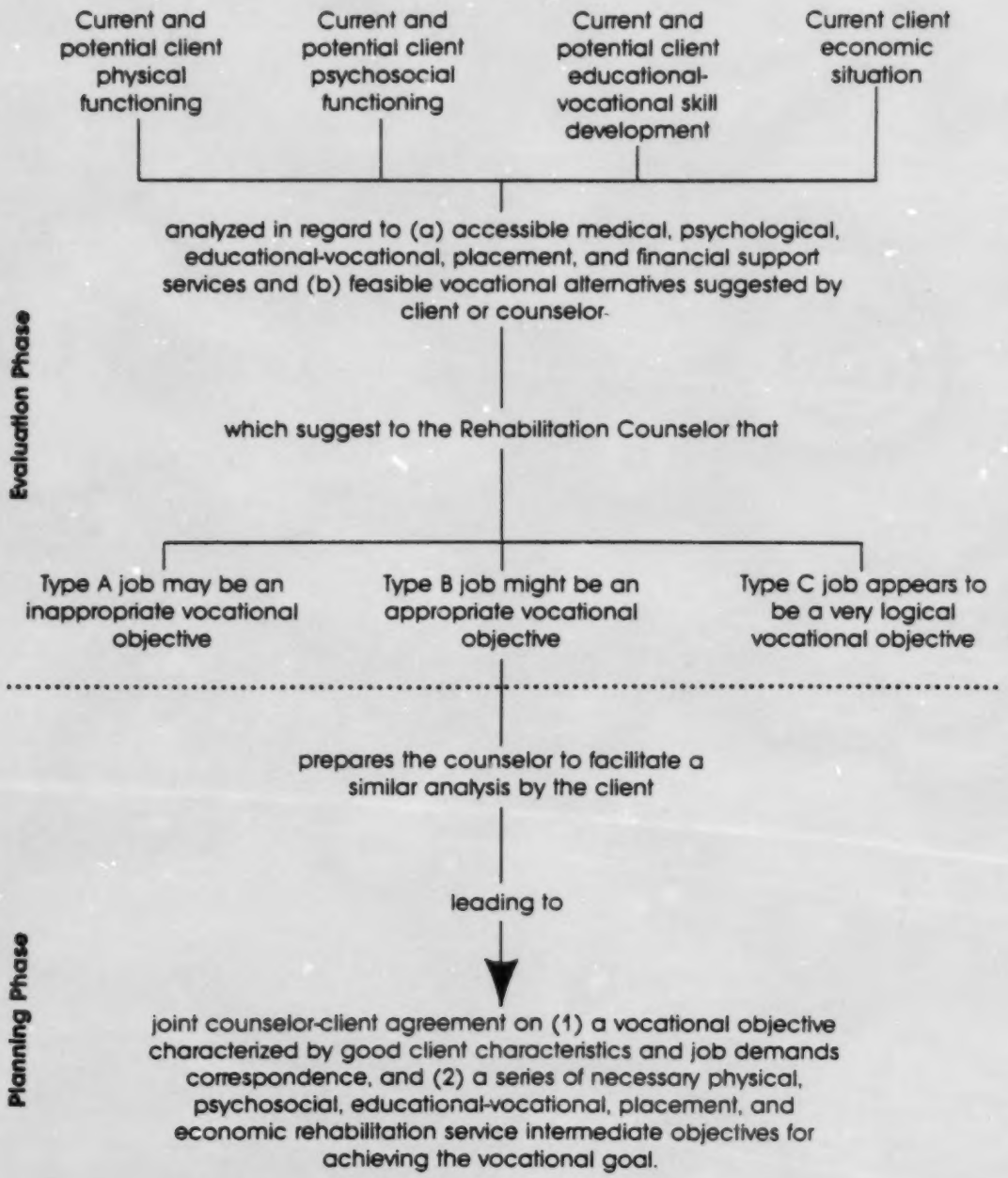
Economic Factors

Mrs. Steed has no savings or source of income, and her medical bills total approximately $30 a month. She has applied for AFDC, SSI, Low Cost Housing, and Food Stamps. She is surviving financially only because she and her 15 year old son are living with one of her daughters. However, she expects to receive $298.00 per month from SSI and AFDC within a few weeks which will support her and her son during her vocational training program. She will also qualify for Medicaid.

Table 1 Questions Overlooked or Inadequately Covered	Reason questions should be answered during the diagnostic process
1.	1.
2.	2.
3.	3.
4.	4.

The Crux Model

Counselor Acquisition of Sufficient Client Information in Regard to


Current and potential client physical functioning
Current and potential client psychosocial functioning
Current and potential client educational-vocational skill development
Current client economic situation
analyzed in regard to (a) accessible medical, psychological, educational-vocational, placement, and financial support services and (b) feasible vocational alternatives suggested by client or counselor
Evaluation Phase
which suggest to the Rehabilitation Counselor that
Type A job may be an inappropriate vocational objective
Type B job might be an appropriate vocational objective
Type C job appears to be a very logical vocational objective
prepares the counselor to facilitate a similar analysis by the client
leading to
Planning Phase
joint counselor-client agreement on (1) a vocational objective characterized by good client characteristics and job demands correspondence, and (2) a series of necessary physical, psychosocial, educational-vocational, placement, and economic rehabilitation service intermediate objectives for achieving the vocational goal.

Phase I

Acquiring Necessary Knowledge During the Intake Interview

Intake Interview Knowledge Collection Guidelines

1. Review the client's tentative vocational goals and plans during the intake interview in terms of the following questions:
   a. Does the client have a specific vocational objective?
   b. Does the client have more than one potential vocational goal?
   c. How optimistic or pessimistic is the client about his/her ability to achieve each vocational goal?
   d. Is the client interested in vocational training?
   e. Is the client interested in any specific type of vocational training?
2. Collect a comprehensive social-vocational history during the intake interview which covers physical, psychosocial, educational-vocational, and economic factors.
3. Collect relevant information only.

Example of a Significant Piece of Information

John Smith tells the VR counselor that he would like to enter a one year training program to become a draftsman. Evaluation data suggest that such an occupational choice would be appropriate from both a client interest and aptitude standpoint. However, the counselor does not inquire about the client's wife's attitude toward the rehabilitation plan. The client drops out of the training program two months later. The counselor wonders why. The counselor checks with the client and finds out:

1. That the client's wife resented the poverty lifestyle for a year. She threatened to leave him if he remained in the program.

In retrospect, the counselor realized that he missed a significant piece of information during the evaluation phase.

2. Had he known, he could have arranged for family counseling or switched the client to an OJT objective.

The counselor resolves to obtain that information from future clients who are married.

A Topical Information Collection Guide for the Intake Interview

Table 2

Physical Factors

1. What specific physical impairments are present?
2. What caused the disability?
3. How long has the client been disabled?
4. Has the client received any disability related treatment in the past (e.g., physical therapy, occupational therapy, prosthetics, or orthotics)?
5. Has the client's disabling condition become worse over the last year?
6. Is the client currently receiving any disability related treatment?
7. Is the client taking any medication with potential side effects?
8. Do any recent medical test results clarify extent of physical impairment?
9. How does the client's physical disability handicap daily functioning?

Psychosocial Factors

Personal adjustment

1. Do recent psychological test results pertain to the question of client psychological adjustment?
2. Is there any agency or professional from whom the client is presently receiving psychological services?
3. Has the client ever received professional treatment for a personal adjustment problem?
4. Is the client taking any tranquilizers or sleeping pills?
5. Does the client report unnecessary avoidance of work and/or social situations since disabled?

Relationships with family and friends

1. What is the client's marital status?
2. Is the client living with his/her family?
3. Does the client have any dependent-age children?
4. Will the most significant family members (i.e., spouse) be supportive of the rehabilitation plan?
5. How does the client feel about his/her home environment?
6. How does the client get along with other members of the family?
7. Does the client have any close friends?
8. Is the client satisfied with his/her social life?
9. How does the client fill the hours of the day?
10. Would the client's family be willing to relocate geographically for him/her to acquire work?

Educational-Vocational Skills Development Factors

Educational history

1. How far did the client go in school?
2. What did the client like or dislike about school?
3. Why did the client leave school (graduate, other)?
4. If the client did not complete high school, has he/she passed a high school equivalency exam?
5. Has the client received vocational training which prepared him/her to enter a particular occupation?

Work history

1. What were the last 3 jobs held by the client?
2. For each of those jobs, determine:
   a. Weekly earnings.
   b. Length of employment (Was it long enough to acquire specific skills?).
   c. Time since job held (Has sufficient time passed for significant skill loss to take place?).
   d. Aspects of the job performed well and poorly by the client.
   e. Aspects of the job liked most and least. Why?
   f. Reasons for termination of employment.
3. Prior to onset of disability, were there any significant interruptions in work history? Why?
4. Is the client presently unemployed? If yes, how long?
5. Has the client been employed since he/she was disabled?

Economic Factors

1. What is the client's primary source of support?
2. Does the client have other sources of support?
3. Does the client have any unpaid debts of significant size?
4. What fixed living expenses such as medication costs cannot be reduced?
5. Does the client have a workmen's compensation case pending?
6. Is the client receiving or has the client applied for Welfare or SSI benefits?
7. Does the client have any medical insurance?
8. Is the client concerned about his/her economic situation?
9. What minimal level of earnings from work must the client receive?

Discussion Questions for Phase I Exercise:
The Case of Melinda Bracken

1. List those unanswered questions on Table 2 which should have been answered during the intake interview. Why would the answers to these questions be important by the conclusion of the intake interview?

Questions	Why Important
1.	
2.	
3.	
4.	
5.	

Phase II

Acquiring Necessary Knowledge From Medical Evaluation

Guidelines for Effective Medical Referral

1. Refer the client to an appropriate physician for the medical evaluation.
2. Inform examining physicians of any tentative client vocational objectives.
3. Provide the examining physician with relevant medical and social-vocational history information on the client.
4. Make clear to the physician the type of feedback needed on the client.

   To be more specific, the counselor should request the following from the physician:

   a. A description of the client's health at present: vision, hearing, heart, lungs, circulatory system, genito-urinary region.
   b. A description of the extent and stability of the existing disability(s).
   c. A clear statement of recommended medical treatment and the appropriate source and/or location of that treatment.
   d. A clear statement on the client's prognosis (with and without treatment) as to: (1) improvement in physical condition, (2) longevity and general health, and (3) work capacity (in a physically active job).
   e. A clear statement on the present and future implications of the disability with regard to "basic job motions and activities, such as bending, stooping, lifting, standing, working on ladders, carrying heavy objects, etc." (Allan, 1958, p. 100).
   f. A clear statement on the present and future implications of the disability regarding conditions in the work setting (e.g., allergens, fumes, dampness, heat, cold, etc.).
   g. A clear statement of the effects the person's medication could have on work performance.
   h. "A report of the presence of any residual medical conditions that, if left untreated, could affect the individual during the rehabilitation process" (Rubin & Roessler, 1978, p. 137).
   i. A determination as to whether referral to another specialist is necessary.

5. Ask the examining physician to discuss recommendations for medical treatment and expectations for recuperation with the client.

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Worksheet for Exercise 1 (Phase II)

Questions that should be answered by medical reports.

1.

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Phase III

Planning Psychological Evaluation For the Severely Disabled

Guidelines for Effective Use of the Psychologist

1. Screen clients carefully for psychological evaluation.
2. Select your consulting psychologist wisely.
3. Properly prepare the client for referral to the psychologist. Topics to be discussed include:
   a. Why psychological evaluation is needed.
   b. What experiences will be involved.
   c. What information will result.
   d. Where, when, and by whom the evaluation will be conducted.
   e. How long the evaluation process will last.
   f. What transportation arrangements must be made.
   g. Who will pay for the evaluation.
4. Provide specific information about the client's social history, medical history, and vocational objectives to the consulting psychologist.
5. Provide the psychologist with specific referral questions. Examples of questions by area of focus are:

   Physical functioning

   a. Are organic-based client learning disabilities present which can be treated through remedial education services?

   Psychosocial functioning

   a. Is there evidence of any diagnosable emotional disorder?
   b. Are personal adjustment problems present that if left untreated could block the achievement of vocational rehabilitation, e.g., inability to:
      Use leisure time effectively.
      Manage personal finances.
      Maintain an adequate housing situation.
      Use public transportation.
      Secure adequate medical services.
   c. Are there any negative factors in the client's familial-social environment that could interfere with vocational rehabilitation, e.g., unrealistic parental expectations, antisocial or asocial role models, etc.?
   d. To what degree would the client's anxiety level be a consideration in the selection of a work setting?
   e. Does the client have the necessary social skills to adjust in a competitive work environment?

   Educational-vocational skills

   a. Does evidence of mental retardation exist?
   b. What aspects of the client's intellectual functioning should be considered in rehabilitation planning; e.g., does the client's intellectual capacity suggest limits on the level of vocational training?
   c. Are client vocational aspirations compatible with intellectual capability and vocational interests?
6. Expect a functional psychological evaluation report from the examining psychologist.

Referral Questions for the Psychologist
Exercise 1

Profile of Shirley Steed

Shirley Steed is a 38 year old mother of four children. Her two daughters have married and left home, while her two sons, 15 and 17, are still somewhat dependent upon her. One son is currently in high school, and the other is serving a prison term for grand larceny. Mrs. Steed divorced her husband three years ago.

Currently unemployed, the major barriers to returning to work for Shirley are her health problems (emphysema and varicose veins) and her general psychological state (depression, anxiety, and nervousness). Her nervousness and depression are directly affected by problems with her two sons. She is quite worried about her older son who is in prison and her younger son who wishes to drop out of high school. Shirley is eager to return to work so that she will not have to depend on her two daughters for financial support.

Although Mrs. Steed quit high school in the twelfth grade, she received a high school diploma three years ago by passing the GED examination. Her high school record suggests that she was an average student who would have had little difficulty completing high school had she not become pregnant in her senior year. Although she completed it over twenty years ago, Mrs. Steed both did well in and enjoyed typing and shorthand in high school. Therefore, office work may be an appropriate vocational choice for Mrs. Steed. However, Mrs. Steed has had no formal work experience as a secretary. Her employment history is largely confined to work in print shops and clerking in a fabric shop. She worked in one print shop for over eight years.

No longer able to work at jobs requiring physical labor or standing, Mrs. Steed cannot remain in printing. Although less demanding physically, a sales clerk position in a fabric shop would not be suitable for Shirley. She did not like the high pressure, competitive atmosphere characteristic of that job.

In spite of frequent absences due to illnesses in her last two print shop jobs, the length of job tenure suggests good worker attitudes. Therefore, she would seem to be a good risk for retraining. Mrs. Steed has expressed interest in clerical/office work and realizes that she would need to upgrade her skills.

Referral Questions for the Psychologist

1.

2.

3.

4.

5.

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8.

Mrs. Shirley Steed
Psychological Report

Tests administered:

General Aptitude Test Battery (GATB), Minnesota Importance Questionnaire (MIQ), Minnesota Multiphasic Personality Inventory (MMPI), Minnesota Clerical Test.

Mrs. Steed appears to be of average intelligence and have good social skills. These capabilities would enable her to work in many office settings. Of course, tension will develop in the job situation which may contribute to adjustment problems. Hence, she will need assistance in learning how to manage stress. For example, she will experience job stress in 1) handling interruptions such as answering the telephone while typing or filing, 2) meeting deadlines, and 3) shifting from task to task as requested by her supervisor. Until she gains confidence in her clerical skills, Mrs. Steed would work best with a supportive supervisor.

Psychological Test Interpretation

Technical Results:

Mrs. Steed's scores on a vocational aptitude examination (General Aptitude Test Battery: GATB) are close to or above average (100) with the exception of the spatial score (90 - slightly below average). Her clerical perception score (Q) is well above average (115). Based on her GATB scores, Mrs. Steed would be a good prospect for general office clerical work: clerk, general office and clerk-typist.

Mrs. Steed also completed the Minnesota Clerical Test involving checking pairs of numbers and pairs of names. Her performance, though slow, was accurate, and she has good potential for the classifying, sorting, and filing aspects of clerical work. Her output on several clerical work samples was again accurate but well below average (typing 35 wpm and shorthand 30 wpm). Based on these results, Mrs. Steed should seek clerical work in which there would be only moderate typing demands. Mrs. Steed should be able to regain a typing speed of 50-60 wpm with further training in business school.

Mrs. Steed also completed a vocational interest inventory, the Minnesota Importance Questionnaire. Her profile is similar to the normative profile for clerical work in that both place little emphasis on telling other workers what to do (authority) and significant emphasis on security and social service. Office work is steady work and would enable Mrs. Steed to assist other people, two work conditions that she values very highly.

Mrs. Steed's scores on the Minnesota Multiphasic Personality Inventory (MMPI) revealed moderate levels of anxiety and neurotic personality features. This profile on the MMPI (2, 7), characterized by anxiousness regarding the future, is frequently associated with somatic symptomology (chest pains, nervous stomach, diarrhea, and dizziness). Nervousness, tension, weakness, depression, and obsessions are also frequent complaints.

Individuals with the 2-7 profile tend to set high standards for themselves and, as a result, perform well. However, due to their high standards and chronic anxiety, they find it very difficult to deal with multiple sources of stress in life. Mrs. Steed's uncertain financial, vocational, and health conditions as well as her relationship with her son create considerable stress in her life.

Results of the MMPI and our discussion in the interview suggest that Mrs. Steed is experiencing personal adjustment problems that fit the diagnostic category of acute depressive reaction (DSMIII, 300.40). Mrs. Steed could benefit from personal counseling to help her deal with her reactions to tension and anxiety and training in relaxation and other stress management techniques.

Recommendations

Results of the ability and aptitude measures suggest that Mrs. Steed's vocational goal of clerical work is realistic. She will require updating in her clerical and office practices skills. Every effort must be made to move quickly with her vocational training and placement. However, psychological services should also be offered during her vocational training.

For example, Mrs. Steed should receive personal counseling to assist her in coping with tension and depression. She and her younger son need to participate in family counseling. Her younger son should continue consultation with a rehabilitation counselor regarding his educational and vocational plans. Psychological services for Mrs. Steed could be secured at minimal cost from the Larkspur Mental Health Center.

Summary

Currently, Mrs. Steed manifests symptoms of a psychoneurotic depressive reaction. If she receives counseling services and is able to resolve family and financial problems, she should be a good prospect for vocational training and placement in clerical work.

Notes Regarding the Psychological Report for Shirley Steed
Exercise 2

List the referral questions which the report does not answer.

1.

2.

3.

4.

5.

6.

7.

8.

Phase IV

Planning Vocational Evaluation for the Severely Disabled

Guidelines for Effective Vocational Evaluation

1. The goal of vocational evaluation is to further determine what the person likes to do and what the person can do.

2. Some clients should be provided physical restoration services prior to work evaluation.

3. Severely physically disabled clients should be referred to a vocational evaluation unit to determine the work tasks they can physically negotiate.

4. Clients who do not meet acceptable behavior standards regarding general employability behaviors are good candidates for work evaluation. This evaluation should focus on whether the client:
   a. Shows up for work regularly.
   b. Shows up for work on time and returns from breaks on time.
   c. Develops satisfactory relationships with co-workers at the work sites (does not tease or badger other workers, does not seek sympathy or special consideration from other workers).
   d. Can develop a sound working relationship with work supervisors (asks enough questions to understand an assignment, capable of shifting from one assignment to another, etc.).
   e. Can attend to a task so as to produce at an adequate speed, level, and quality.

5. Properly prepare the client for referral to vocational evaluation. Topics to be discussed include:
   a. Why vocational evaluation is needed.
   b. What experiences will be involved.
   c. What information will result.
   d. Where, when, and by whom the evaluation will be conducted.
   e. How long the evaluation process will last.
   f. What housing and transportation arrangements must be made.
   g. Who will pay for the evaluation.
   h. That the client will not be in competition with other clients at the evaluation unit.

6. Provide the vocational evaluation unit with relevant medical and social-vocational history information on the client.

7. Make clear to the vocational evaluation unit the type of feedback needed on client work adjustment.

8. Expect a functional vocational evaluation report from the vocational evaluator.

Type of Information to Request from Vocational Evaluation Unit when Client is Referred for Suspected Work Adjustment Problems*

1. **Problems associated with supervisor:**
   a. avoids supervision to the degree that supervisor's help is not sought when appropriate
   b. fails to work well in the absence of continuous support and encouragement from the supervisor
   c. refuses to accept supervision: responds inappropriately to supervisor's instructions or criticisms (e.g., argues with supervisor, continues to behave or work as before after supervisor leaves)
   d. inability to perform under close supervision due to excessive anxiety created by the supervisor's scrutiny
2. **Problems associated with co-workers:**
   a. emits a high frequency of socially irritating behaviors during interaction with co-workers (e.g., dominates conversation, interrupts others, verbally hostile toward others)
   b. avoids social contact with co-workers
   c. frequently engages co-workers in distracting conversations during work time
   d. manifests high levels of psychological discomfort (e.g., high anxiety) during interactions with co-workers
   e. does not cooperate well with co-workers on joint work tasks
3. **Problems in productivity:**
   a. has numerous excuses for taking frequent breaks from work tasks
   b. easily distracted from work task
   c. works too slowly
   d. works too rapidly and does "sloppy" work
4. **Other work adjustment problem areas:**
   a. works poorly alone
   b. works poorly under pressure
   c. works poorly when the job task is periodically changed
   d. emits many odd or inappropriate behaviors—frequent hand washing, cleaning of work area, etc.
   e. lack of physical stamina

*Selected from (1) Materials Development Center, Behavior Identification Form and Manual. University of Wisconsin-Stout, Menomonie, Wisconsin, 1974, and (2) Research Utilization Laboratory. Observation and Client Evaluation in Workshops. Jewish Vocational Service, Chicago, Illinois, 1972.

Model Vocational Evaluation Report*

Narrative description of the client

1. Demographic profile
2. Impressions of client during the evaluation process
   a. Reactions to the evaluation process
   b. Acceptance of disability
   c. Appropriateness of vocational goals
   d. Level of vocational maturity

Recommendations

1. Client's vocational goals and the vocational plan resulting from evaluation activities
2. Specific services required by the client
   a. Rank ordered from most to least important
   b. Stated in terms of expected behavior/performance change
   c. Supported by a rationale discussing current limitations in behavior or performance

Vocational assets

1. Specific vocational skills
2. Positive worker characteristics

Employability limitations

1. Problems that might interfere with attainment of vocational goals
2. Job seeking difficulties
3. Job retention difficulties

Critical employment coupled behavior problems

1. Social living difficulties (leisure time, money management, grooming)
2. Community living difficulties (hospitalization, medical care, mobility, equipment repair, housing)
3. General and personal living difficulties (interpersonal problems, family problems)

*Adapted from Korn, T.; A Content Based Vocational Evaluation Report. Rehabilitation Research and Training Center, University of Wisconsin-Stout, Menomonie, Wisconsin, 1976.

Profile of Medical Results on Melinda Bracken*

Results from surgery and physical therapy indicate that Ms. Bracken now has approximately a 60% hand extension range. Removal of deposits in the finger joints has increased extension and strength. However, continuous use of her hands results in some cramping and pain. The onset of additional swelling is unpredictable, and further build-up of deposits in the joints is definitely a possibility. Ms. Bracken should avoid any work which requires extensive use of hands and fingers.

Ms. Bracken was recently fitted with molded shoes which enable her to stand without undue fatigue for approximately 30 minutes. Hence, she should alternate sitting and standing. Ms. Bracken is capable of intermittent standing in a vocational role but should not assume any type of work which would require her to be on her feet for lengthy periods.

Recent monitoring of her blood sugar level indicates gradual stabilization. She has maintained and must continue to maintain an appropriate balance among the following factors: insulin intake, activity, diet, and rest. It is very important that Ms. Bracken work a regular schedule with predictable breaks and meal times. The counselor should also recognize that Ms. Bracken's diabetic condition may lead to future complications such as circulatory and vision problems.

*As a result of restoration services provided during extended evaluation.

Worksheet for Exercise I (Phase IV)

Referral questions for Melinda's vocational evaluation

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Worksheet for Exercise 2 (Phase IV)
Critique of Melinda Bracken's Vocational Evaluation Report

Record the strengths and weaknesses of the vocational evaluation report for Melinda in each of the following areas (see page 35 of the Participant's Workbook):

I. Narrative description of the client

II. Recommendations

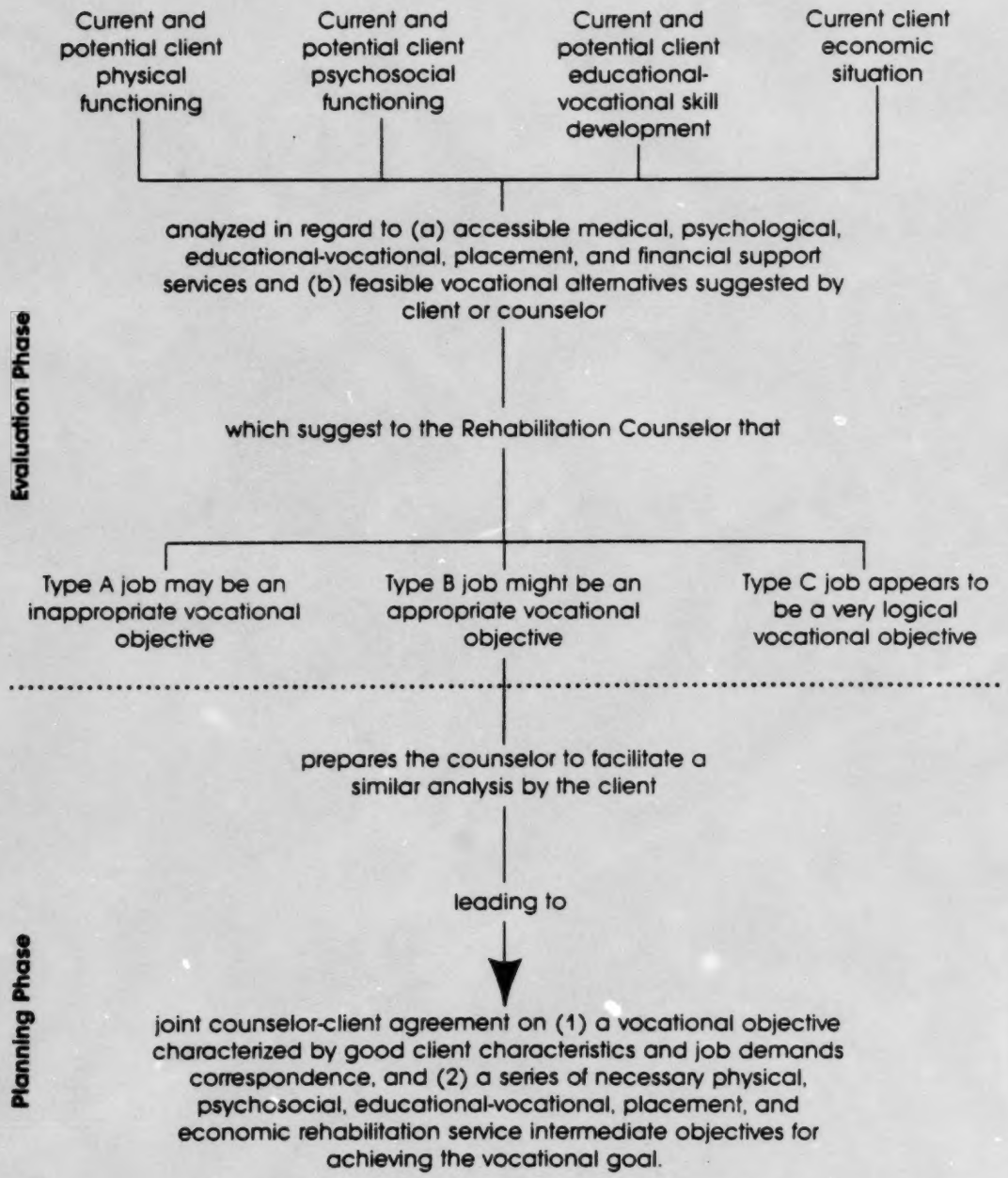
III. Vocational assets

IV. Employability limitations

V. Critical employment coupled behavior problems

The Crux Model

Counselor Acquisition of Sufficient Client Information in Regard to


Current and potential client physical functioning
Current and potential client psychosocial functioning
Current and potential client educational-vocational skill development
Current client economic situation
analyzed in regard to (a) accessible medical, psychological, educational-vocational, placement, and financial support services and (b) feasible vocational alternatives suggested by client or counselor
Evaluation Phase
which suggest to the Rehabilitation Counselor that
Type A job may be an inappropriate vocational objective
Type B job might be an appropriate vocational objective
Type C job appears to be a very logical vocational objective
prepares the counselor to facilitate a similar analysis by the client
leading to
Planning Phase
joint counselor-client agreement on (1) a vocational objective characterized by good client characteristics and job demands correspondence, and (2) a series of necessary physical, psychosocial, educational-vocational, placement, and economic rehabilitation service intermediate objectives for achieving the vocational goal.

Phase V

Processing Client Evaluation Data

Guidelines for Effective Processing of Client Evaluation Data

1. Have sufficient evaluation information to discriminate between inappropriate and appropriate vocational objectives for the client.
2. Rehabilitation service availability should be taken into consideration when determining appropriate client vocational choice alternatives.
3. Rather than attempting to match the client with a job title in general, focus on specific jobs within the community. For example, would a client trained in small engine repair be more successful at Sears or Joe's Fix-It Shop?

Information Processing Summary Form

Name _____

1. Potential vocational goals suggested by consideration of evaluation data:

a. Most optimal: _____
(already suggested by client ___Yes ___No)
Supporting evaluation data:
Physical:
Psychosocial:
Educational-vocational:
Special considerations (economic, transportation, housing, child care, and placement needs):

b. Second: _____
(already suggested by client ___Yes ___No)
Supporting evaluation data:
Physical:
Psychosocial:
Educational-vocational:
Special considerations (economic, transportation, housing, child care, and placement needs):

c. Third: _____
(already suggested by client ___Yes ___No)
Supporting evaluation data:
Physical:
Psychosocial:
Educational-vocational:
Special considerations (economic, transportation, housing, child care, and placement needs):

2. Services most needed to achieve vocational goals:

a. Most optimal
Physical:
Psychosocial:
Educational-vocational:
Services for special considerations:

b. Second
Physical:
Psychosocial:
Educational-vocational:
Services for special considerations:

c. Third
Physical:
Psychosocial:
Educational-vocational:
Services for special considerations:

3. Vocational goals expressed by the client that appear to be inappropriate based on evaluation data. Discuss.

Vocational Goal: _____

Supporting Evaluation Data

a. Physical strengths and limitations related to client's capacity to do the job.
   - Physical endurance
   - Hand and finger dexterity
   - Mobility
   - Upper body strength
   - Lower body strength
   - Speech, hearing, and/or sight

b. Psychosocial strengths and limitations related to client's capacity to do the job.
   - Motivation to enter and complete any necessary pre-entry formal vocational training or OJT
   - Capacity for work-based psychosocial stress
   - Production stress level
   - Collaborative work with co-workers
   - Accepting supervision
   - Supervising other workers
   - Working independently
   - Working with the public
   - Non-work (family-social) environment

c. Educational-vocational strengths and limitations related to client's capacity to do the job.
   - Intellectual capacity
   - Educational skills (e.g., basic reading skills and math skills)
   - Vocational interests
     - Working with people or things
     - Amount of personal responsibilities
     - Type of work setting
     - Opportunities for creativity
     - Routine or variety
     - Work hours
     - Amount of earnings
     - Amount of physical energy expenditure
     - Amount of training required
     - Opportunities for advancement

d. Special considerations
   - Economic needs
   - Transportation needs
   - Housing needs
   - Child care needs
   - Placement needs

Services needed to achieve vocational goal

	Necessary	Available in Community	Available Outside Community	Provider	Cost
a. Services needed to move or reduce physical limitations for job in question.					
Prosthetics	____	____	____	____	____
Orthotics	____	____	____	____	____
Physical therapy	____	____	____	____	____
Occupational therapy	____	____	____	____	____
Bioengineering	____	____	____	____	____
Surgery	____	____	____	____	____
General medical	____	____	____	____	____
Speech therapy	____	____	____	____	____
b. Services needed to remove or reduce psychosocial limitations for job in question.					
Work adjustment training	____	____	____	____	____
Personal adjustment training	____	____	____	____	____
Individual psychotherapy	____	____	____	____	____
Group therapy	____	____	____	____	____
Family counseling	____	____	____	____	____
c. Services needed to remove or reduce educational-vocational limitations for job in question.					
Remedial reading instruction	____	____	____	____	____
Remedial math instruction	____	____	____	____	____
Vocational training	____	____	____	____	____
On-the-job training	____	____	____	____	____
d. Services for special consideration.					
Financial maintenance	____	____	____	____	____
Transportation (automobile or automobile adaptation)	____	____	____	____	____
Housing	____	____	____	____	____
Child care needs	____	____	____	____	____
Placement (job modifications, job seeking skills training)	____	____	____	____	____

Abbreviated Information Processing Summary Form

Name Melinda Bracken

1. Most optimal goal suggested by consideration of evaluation data _____

Supporting evaluation data

Physical

Psychosocial

Educational-vocational

Special considerations
(economic, transportation, housing, child care, and placement needs)

2. Services needed to achieve vocational goals

Physical

Psychosocial

Educational-vocational

Special considerations

Phase VI

Joint Counselor/Client Rehabilitation Planning

Guidelines for Joint Counselor/Client Rehabilitation Planning

1. Developing vocational goals is a process rather than an event.
2. Guide the client through the steps of decision-making.
3. The Information Processing Summary Form can be used to facilitate client self-analysis for purposes of choosing a job.
4. Making a vocational choice involves weighing the pros and cons of several alternatives. The best choice, relatively speaking, is the vocational objective offering the client a maximum of personal gain and a minimum of personal loss. Gains and losses can be analyzed in the following areas:

   Gains and losses for self: income, difficulty of work, client interest in the work, freedom to select work tasks, chances of advancement, security, and time available for avocational pursuits.

   Gains and losses for others: income for family, status for family, time available for family, type of environment for family, fringe benefits for family, and ability to help an organization or group.

   Social approval or disapproval: response of others (parents, friends, wife or husband, colleagues or co-workers, community at large, and social, political or religious groups) to the client if he/she were to choose a particular job.

   Self-approval or disapproval: client reaction (self-approval or disapproval) to the job alternative; e.g., self-esteem from contributing to good causes, judgment that work tasks are ethically justifiable or, to the contrary, involve compromising oneself, creativeness or originality of work, and opportunity to fulfill long-range life goals (Janis & Mann, 1977, p. 151).
5. The vocational objective which the client and counselor select should guide the development of the rehabilitation plan; specifically, the identification of concrete subobjectives which must be accomplished to reach the vocational goal.
6. Concretely stated intermediate objectives facilitate goal attainment by specifying what the client must do to achieve the vocational goal.
7. Rehabilitation services should be selected to accomplish the program's intermediate objectives and vocational goal.

Balance Sheet Format*

Using the Balance Sheet, each vocational alternative can be evaluated in terms of the categories listed below. The exercise reveals the relative merits of each of the vocational possibilities.

	Vocational Alternative	Vocational Alternative	Vocational Alternative
Gains for self			
Losses for self			
Gains for others			
Losses for others			
Social approval			
Social disapproval			
Self-approval			
Self-disapproval			

*Janis & Mann, 1977

Client Intermediate Rehabilitation Objectives

Employment Goal:

Client Needs Regarding

Medical Condition	Personal Problems	Educational-Vocational Training	Special Considerations

Behavioral Statements of Intermediate Objectives

Physical Functioning

Client concern: Build up physical stamina
  Intermediate Objective
    Behavior - decrease number of bronchial infections
    Frequency/level/amount - from four every three months to one
    Date - by April 1

Psychosocial Functioning

Client concern: Develop closer relationship with son
  Intermediate Objective
    Behavior - decrease arguments with son
    Frequency/level/amount - from five a week to one a week
    Date - by June 1

Educational-Vocational Functioning

Client concern: Learn some office skills
  Intermediate Objective
    Behavior - complete business school course in typing and filing
    Frequency/level/amount - with a "C" grade or better
    Date - by September 10

Special Considerations

Placement

Client concern: Find a job as an office worker
  Intermediate Objective
    Behavior - identify office worker openings
    Frequency/level/amount - in four companies
    Date - by February 15

Economic

Client concern: Get by financially while I am in training
  Intermediate Objective
    Behavior - secure financial help while in training
    Frequency/level/amount - totaling $300 a month
    Date - by September 1

Development of the Balance Sheet
Exercise 1

Based on what you have learned about Melinda, write in some appropriate observations regarding each of the following topics as they relate to one of her vocational goals. Discuss your replies in the small group noting below anything that you learned about Melinda from the discussion. Then compare your Balance Sheet with Melinda's (see page 9 of Melinda's case file for her Balance Sheet) and discuss the similarities and differences between the two in the total group.

	Beautician	Motel Desk Clerk	Receptionist
Gains for self			
Losses for self			
Gains for others			
Losses for others			
Social approval			
Social disapproval			
Self-approval			
Self-disapproval			

Eliciting Client Intermediate Rehabilitation Objectives
Exercise 2

Review Melinda's Information Processing Summary Form (do not go beyond the summary form in her case file) and write the concerns that you think Melinda might have in each of the areas listed below. Remember to state Melinda's needs in terms that you think she would use; e.g., one medical need might be "get my blood sugar under control."

Employment Goal: Office Receptionist

Client Intermediate Rehabilitation Objectives

Client Needs Regarding

Medical Condition	Personal Problems	Educational-Vocational Training	Special Considerations

Compare your list of Melinda's concerns with the one Melinda completed (page 10 in Melinda's case file) and participate in a group discussion of several questions from the leader. Make any notes from the group discussion.

Notes: Melinda's Intermediate Rehabilitation Objectives

Developing Behavioral Objectives
Exercise 3

The purpose of this exercise is to introduce guidelines for writing intermediate objectives in behavioral terms. Further information regarding this topic can be found in **Goal Analysis** (1972) by Robert Mager.

Several guidelines require consideration before completing Exercise 3.

1. Beware of stopping with abstract statements such as "to become self-sufficient, to be more active, to be more effective, etc." Abstract goal statements do not indicate what the person must do to accomplish the goal.
2. Emphasize the behavior, action, or performance the person must complete in order for others to see the client's progress toward the goal. For example, the client's need to be more effective might be met by setting an intermediate objective in the vocational training area such as "obtain a welding diploma from the trade school."
3. Two other considerations in stating intermediate objectives are:
   a. the extent, level or amount of the desired behavior and
   b. the date by which the client should attain the objective.

   For example, a client might stabilize his/her level of blood sugar to a range of 120-150 mg. per 100 ml. of blood by October 15 to achieve a general goal of control of diabetes.

Read the following case vignette and write some potential intermediate objectives which follow the guidelines above, e.g.,

Behavior/Action/Performance
Extent/Level/Amount
Deadline

Ralph Davenport is seeking rehabilitation services due to lower extremity circulatory problems which will result in the loss of his leg. He is worried that the operation will be unsuccessful and that he will not be able to adjust to use of a prosthesis. Desiring to be self-sufficient, Ralph plans to enroll in college and complete the requirements for a degree and teacher's license.

Potential Intermediate Objectives

1.

2.

3.

4.

5.

Compare the following sets of intermediate objectives with the set you wrote. What is the advantage of set 2? How does your list compare with set 2? Discuss positive and negative features of all three sets of intermediate objectives in the total group.

Set 1

1. To worry less

2. To accept my condition

3. To be self-sufficient

Set 2

1. To complete gait training with a positive rating from the physical therapist by November.

2. To decrease self-derogatory comments about use of a prosthesis from three to one per interview by December.

3. To receive a teacher's license by May of 1982.

Applying Behavioral Objective Writing Skills
Exercise 4

1. Read Melinda's Intermediate Rehabilitation Objective Form (see page 10 in Melinda's case file) and list the vocational goal and some intermediate objectives for Melinda's program. State the intermediate objectives in behavioral terms. Select arbitrary dates to include the deadline concept.

   Employment goal _____

   _____

   Physical (medical condition) _____

   _____

   Psychosocial (personal problems) _____

   _____

   Educational-vocational _____

   _____

   Special considerations (economic; placement) _____

   _____

2. Share your list of intermediate objectives for Melinda with two other participants. Draft the best possible composite set of behavioral intermediate objectives for Melinda.

   Best Possible Goals for Melinda

3. Compare your small group's goal and intermediate objectives with those developed by Melinda's counselor (see page 11 in Melinda's case file). Discuss similarities and differences in the two lists in the total group.

Conclusion

Training Process Overview

Intake

Objective: To gather sufficient client data to answer the questions on Table 2
(Pages 16-17 of the Participant's Workbook)

Medical Evaluation

Objective: To obtain information from the physician regarding the functional limitations of the client

Further Evaluation

Psychologist — Work Evaluator

Objective: To answer remaining questions (See Table 1) on the client's physical, psychosocial, and educational-vocational functioning

Processing Client Evaluation Data

Objective: To identify the relevance of client physical, psychosocial, educational-vocational, and other relevant data for specific vocational roles

Rehabilitation Plan Development

Objective: To involve the client in vocational decision-making and case planning

Guidelines for Goal-Setting

Setting vocational goals and developing rehabilitation programs with individuals is a complex process. Many principles must be followed. Goal-setting training stresses the following guidelines for conducting the phases of the diagnostic and case planning process.

Guidelines for effective information collection during the intake interview

1. Review the client's tentative vocational goals and plans during the intake interview.
2. Collect a comprehensive social-vocational history during the intake interview which covers physical, psychosocial, educational-vocational, and economic factors.
3. Collect relevant information only.

Guidelines for effective medical referral

1. Refer the client to an appropriate physician for the medical evaluation.
2. Inform examining physicians of any tentative client vocational objectives.
3. Provide the examining physician with relevant medical and social-vocational history information on the client.
4. Make clear to the physician the type of feedback needed on the client.
5. Ask the examining physician to discuss recommendations for medical treatment and expectations for recuperation with the client.

Guidelines for effective use of the psychologist

1. Screen clients carefully for psychological evaluation.
2. Select your consulting psychologist wisely.
3. Properly prepare the client for referral to the psychologist.
4. Provide specific information about the client's social history, medical history, and vocational objectives to the consulting psychologist.
5. Provide the psychologist with specific referral questions.
6. Expect a functional psychological evaluation report from the examining psychologist.

Guidelines for effective use of vocational evaluation

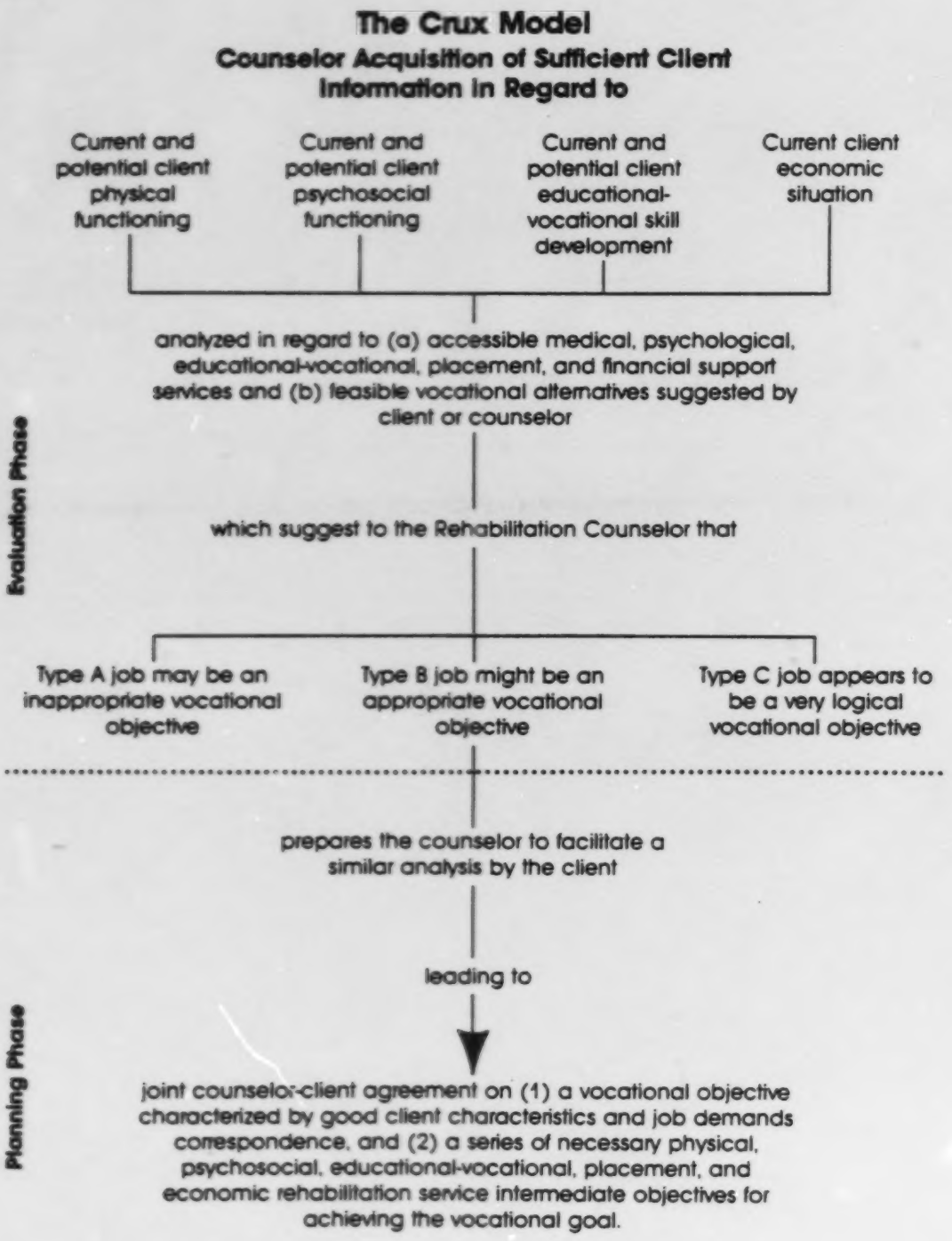
1. The goal of vocational evaluation is to further determine what the person likes to do and what the person can do.
2. Some clients should be provided physical restoration services prior to work evaluation.
3. Severely physically disabled clients should be referred to a vocational evaluation unit to determine the work tasks they can physically negotiate.
4. Clients who do not meet acceptable standards regarding general employability behaviors are good candidates for work evaluation.
5. Properly prepare the client for referral to vocational evaluation.
6. Provide the vocational evaluation unit with relevant medical and social-vocational history information on the client.
7. Make clear to the vocational evaluation unit the type of feedback needed on client work adjustment.
8. Expect a functional vocational evaluation report from the vocational evaluator.

Guidelines for effective processing of client evaluation data

1. Have sufficient evaluation information to discriminate between inappropriate and appropriate vocational objectives for the client.
2. Rehabilitation service availability should be taken into consideration when determining appropriate client vocational choice alternatives.
3. Rather than attempting to match the client with a job title in general, focus on specific jobs within the community.

Guidelines for conducting an effective IWRP interview

1. Developing vocational goals is a process rather than an event.
2. Guide the client through the steps of decision-making.
3. The Information Processing Summary Form can be used to facilitate client self-analysis for purposes of choosing a job.
4. Making a vocational choice involves weighing the pros and cons of several alternatives; the best choice is the vocational objective offering the client a maximum of personal gain and a minimum of personal loss.
5. The vocational objective which the client and counselor select should guide the development of the rehabilitation plan; specifically, the identification of concrete subobjectives which must be accomplished to reach the vocational goal.
6. Concretely stated intermediate objectives facilitate goal attainment by specifying what the client must do to achieve the vocational goal.
7. Rehabilitation services should be selected to accomplish the program's intermediate objectives and vocational goal.


The Crux Model
Counselor Acquisition of Sufficient Client Information in Regard to
Current and potential client physical functioning
Current and potential client psychosocial functioning
Current and potential client educational-vocational skill development
Current client economic situation
analyzed in regard to (a) accessible medical, psychological, educational-vocational, placement, and financial support services and (b) feasible vocational alternatives suggested by client or counselor
Evaluation Phase
which suggest to the Rehabilitation Counselor that
Type A job may be an inappropriate vocational objective
Type B job might be an appropriate vocational objective
Type C job appears to be a very logical vocational objective
prepares the counselor to facilitate a similar analysis by the client
leading to
Planning Phase
joint counselor-client agreement on (1) a vocational objective characterized by good client characteristics and job demands correspondence, and (2) a series of necessary physical, psychosocial, educational-vocational, placement, and economic rehabilitation service intermediate objectives for achieving the vocational goal.

Information Processing Summary Form
Shirley Steed

1. Potential vocational goals suggested by consideration of evaluation data:
   a. Most optimal Office Worker/Typist
   (already suggested by client x Yes ___ No)
   Supporting evaluation data regarding functioning in following areas:
   Physical: Medical evaluation indicates that Mrs. Steed can meet the physical demands of office or clerical work, particularly if she is given a position involving typing and filing where she might spend part of her day sitting and part of her day standing and moving around.

   Psychosocial functioning: Mrs. Steed indicated no worries or anxieties regarding full-time work in an office.

   Educational-vocational: Mrs. Steed's GATB score shows that she is qualified to do office and clerical work. However, there is less support for her taking a job as a secretary. Mrs. Steed's MIQ profile resembles the profile for typists or clerical workers. Mrs. Steed is interested in a secure position characterized by good working conditions. She is not interested in authority or prestige. Mrs. Steed must have a job that is physically suited to her needs and that provides enough money to maintain herself and her fifteen year old son.

   Special considerations (economic, transportation, housing, and child care needs): Will need some financial maintenance during business school training.

2. Services necessary for achieving each vocational goal:
   a. Most optimal: Clerical and office work
   Physical: Medical maintenance, purchase of support hose.
   Psychosocial: Short-term counseling of therapy; family therapy; vocational counseling for son.

   Educational-vocational: Typing and office work training from the business college or rehabilitation center.

   Special considerations: Maintenance during training; accessible office (no steps).

3. Vocational goals expressed by the client that appear to be inappropriate based on evaluation data. Discuss.

   Since Mrs. Steed's GATB results did not suggest executive secretary skills, she will need to distinguish between working as a private or legal secretary and working as a clerk-typist or file clerk in a large office. Her interests are close to that of someone going into secretarial or clerical work so there is no problem in the interest area.

Client Intermediate Rehabilitation Objectives

Employment Goal: Office Worker

Client Needs Regarding

Medical Condition	Personal Problems	Educational-Vocational Training	Special Considerations
Get emphysema under control. Ease pain of varicose veins.	Get along better with son. Help son graduate from high school and enroll in Seaman's School. Cope with stress better.	Complete clerical work training.	Money while in training.

Vocational Goal and Intermediate Objectives
Shirley Steed

Vocational Goal
A clerical job paying $525 a month by October.

Physical Objective
To miss no more than two days of work due to health problems for a 60 day period beginning October 17.

Psychosocial Objective
To have five or fewer arguments with son in one week's time by January 1.

To help son graduate from high school by May.

To help son enroll in Seaman's School by September.

To miss no days of work due to depression for a 60 day period beginning December 1.

Educational-Vocational Objective
To complete satisfactorily clerical and office work training at the Hot Springs Rehabilitation Center by September 1.

Division of Rehabilitation Services

Individualized Written Rehabilitation Program

Name Shirley Steed Case VR144 SSN 494-52-5545
Address Johnson, Arkansas

Plan Type: Extended Evaluation ☐ Original ☐ Revision ☐

Plan for Rehabilitation Services

A. **Vocational Objective:** Clerk Typist **Code** 202.362-101

B. **Plan Justification**

1. Vocational Handicap:

Limited in ability to do strenuous activity by pulmonary emphysema. Must have reasonably easy access to job, e.g., avoid climbing flights of stairs. Requires variable schedule of sitting and standing due to varicose veins. Present physical and psychological disabilities will preclude a work or training schedule that exceeds 5 hours per day. Stress exacerbates anxiety and depression; hence, job should have no sales or commissions aspects. Needs to work in area free of fumes and allergens.

2. Vocational Objective:

Clerk-typist. With counseling and medical services, she should achieve sufficient stamina and functional capacity for clerical work. Passed her high school equivalency exam three years ago. Functions at average level on general intelligence on the GATB. Best score in the area of verbal performance. Interests are consistent with clerk-typist job, but she will need vocational training to upgrade her skills.

3. Economic Situation:

Will need maintenance during training.

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C. Services to be Provided

	Responsibility for payment		
	DRS	Client	Other
1. Diagnostic Evaluation			
Medical exam by a specialist in internal medicine established physical disabilities.	X		
Psychological examination by a licensed psychologist established psychological disability.	X		
2. Counseling and Guidance			
Personal counseling - Hot Springs Rehabilitation Center (HSRC) Objectives: Decrease episodes of depression--work for 60 days with no absences due to depression (10/17-12/17)	X		
Counseling - Rehabilitation counselor Objective: Enable client to complete steps of IWRP and become successfully employed.	X		
Family counseling - Larkspur Mental Health Center - decrease number of arguments (five or fewer per week) with 15 year old son by January 1.	X		
Help son graduate from high school (May) and enroll in Seaman's School (December)	X		
3. Training			
Clerk-typist training - Hot Springs Rehabilitation Center Objective: Successfully complete clerk-typist training by 9/1.	X		
4. Restoration			
Medical Services - Hot Springs Rehabilitation Center Objective: Treat and monitor client's emphysema and related bronchial conditions - work for 60 days with no more than two absences due to illness (10/17 - 12/17)	X		

	Responsibility for payment		
	DRS	client	other
5. Training Materials Purchase Textbooks and related training materials. Objective: Enable client to participate in vocational training	X		
6. Maintenance and Transportation Transportation to HSRC Living expenses while at HSRC Objective: Enable client to obtain training and medical services	X		
7. Tools, Equipment and Licenses:			
8. Placement (Job placement and follow-up)			
9. Other:			

D. Client Responsibilities

Report to Hot Springs Rehabilitation Center
Successfully complete HSRC clerk-typist program
Seek employment in office work

E. View of the Client

Please place initials in the appropriate space.

____I am in essential agreement with the goals, objectives, and services as outlined in the IWRP, and I participated in planning them with my counselor.

____I participated in planning the services outlined, but disagree with this IWRP.

Comments: _____

_____

_____

_____

_____

_____

Client's Signature _____ **Date** _____

Counselor's Signature _____ **Date** _____

Appendix A

Review of Frequently Used Psychological Tests

Personality

Perception

Intelligence

Achievement

Vocational Aptitudes

Vocational Interests

Adapted from:

Botterbusch, K.; **Tests and Measurements for Vocational Evaluators.** Materials Development Center, University of Wisconsin-Stout, Menomonie, Wisconsin, 1973.

Cronback, L.J.; **Essentials of Psychological Testing.** (3rd ed.) New York: Harper and Row, 1970.

Gay, E., Weiss, D., Hendel, D., Davis, R. & Lofquist, L.; **Manual for the Minnesota Importance Questionnaire.** Minnesota Studies in Vocational Rehabilitation, University of Minnesota, 1971.

Tarczan, D. & Hemenway, R.; **An Educator's Guide to Psychological Tests.** Springfield, Ill.; Charles C. Thomas, 1972.

Personality

House - Tree - Person Test (HTP)

The HTP was designed to aid in the psychological assessment of an individual's personality. The instrument uses a projective techique that consists of a freehand drawing of a house, a tree, and a person. These drawings presumably relate to sensitivity, flexibility, maturity, and degree of integration of the subject's character as well as give an indication of his fears, relationships, and environmental impressions. The scale is interpreted by the examiner who reports his/her impressions.

Minnesota Multiphasic Personality Inventory (MMPI)

Originally used as an aid to diagnosis of psychiatric patients, the MMPI is designed to provide an objective assessment of some of the major personality characteristics that affect personal and social adjustment. The scale has evolved from use as an all-purpose descriptive instrument.

Results of the test are presented in terms of scores and a plot of these scores on each of three validation and ten clinical scales. The clinical scales are: (1) hypochondriasis, (2) depression, 3) hysteria, (4) psychopathic deviate, (5) masculinity-femininity, (6) paranoia, (7) psychasthenic, (8) schizophrenia, (9) hypomania, and (10) social.

Original norm groups consisted of 700 "normal" adults whose scores on the items were contrasted with 800 "clinical" cases. Conclusions from use of the instrument indicate it is most useful in developing hypotheses about individuals that must be checked by other means.

Tests of Perception

Bender Gestalt Test (B-GT)

The B-GT was designed for use as a maturational test of visual motor gestalt function in children. It is used to investigate retardation, organic brain damage, loss of functions and school readiness and/or emotional disturbance. The test consists of nine cards in sequence, each containing a geometric design. The child's task is to copy each design on the sheet of paper.

Results are presented as the age level which the child's scores most resemble. Furthermore, examiner comments are usually given which may include such information as figure distortions, emotional reactions, and bizzare behavior.

The normative data for the test were based upon an adult population and on a population of 1106 children five to ten years of age. The test has proven to be very reliable as an index of intellectual development, as a personality index, and as a visual perceptual index.

Intelligence

Culture Fair Intelligence Test (IPAT or Cattell)

This test is designed to provide a measure of general intelligence that is "relatively independent of school achievement, social advantages and various other environmental influences." Results are reported as a final intelligence score that is given both in percentile and standard scores.

Scales 2 and 3 of the test (used with ages 8-13 and average adults or ages 10-16 or superior adults, respectively) each contain four subtests: (1) a series in which the examinee completes a sequence of four drawings by choosing one of five options, (2) classifications in which he/she selects one of five drawings different from the rest, (3) matrices in which he/she selects a drawing to complete a matrix, and (4) conditions in which he/she selects from among five drawings of overlapping geometric figures the one in which one or two dots could be placed to fit the specifications of the model.

Norms of Scales 2 and 3 were made on 4000 British and American subjects or 3140 American subjects, respectively. The method is both valid and reliable but does not predict school achievement or academic performance very well. The method's advantage lies in its ability to measure general intelligence without dependency on culturally loaded material. It is especially suited for individuals who can not take verbally loaded testing material, for those who are disadvantaged, illiterate, deaf, as well as others who are culturally, physically, or mentally different.

Goodenough-Harris Drawing Test (G-HDT)

The G-HDT was designed as a measure of intellectual maturity for the five to ten year old. The test asks the child to draw a picture of a man, a woman, and optionally, him/herself. The drawings are scored on various drawing inclusions such as body features, clothing, perspective, and proportion.

Points received in the drawings are converted to a mean of 100 and a standard deviation of 15. The test was standardized on 2975 children ranging in age from 5 to 15 years, chosen to represent the U.S. population (geographically and by father's occupation). The test appears to be highly reliable with below average intelligence children, moderately reliable with average intelligence children, and only fairly reliable with above average intelligence children. It reflects the child's concepts which develop with his mental level, experience, and general knowledge. It can also be used to assess personality qualities.

Revised Beta Examination (Beta)

This test is designed to "serve as a measure of general intellectual ability for persons who are illiterate or who are non-English speaking." Results are presented as a single score that is a non-verbal estimate of IQ.

The test has six parts including mazes, number-picture substitution, finding the wrong drawing in a series of illustrations, form perception, and identifying whether two objects are the same or different. The test was normed on 1225 white, male adult prisoners at a Federal Penitentiary and, hence, norms probably do **not** adequately represent the normal illiterate adult population.

Information concerning validity and reliability is inadequate. Conclusions indicate this test at best should be used only to obtain a rough estimate of intelligence for non-English speaking illiterate persons due to its inadequate norms.

Wechsler Adult Intelligence Scale (WAIS)

The WAIS was designed as a test for measurement of intelligence in adults. The test is administered individually and consists of six Verbal and five Performance subtests. The Verbal subtests are: (1) information, (2) comprehension, (3) arithmetic, (4) similarities, (5) digit span, and (6) vocabulary. The Performance subtests are: (1) digit symbol, (2) picture completion, (3) block design, (4) picture arrangement, and (5) object assembly.

Results are generally given in terms of a verbal, performance, and overall IQ score with a mean of 100 and a standard deviation of 15. IQ scores are interpreted by comparing them to ranges of the general population (60-below - mentally defective, 90-109 - average, and 103+ very superior). Further results are given in terms of strengths and weaknesses for the individual on specific subtests as compared to (1) the individual's own performance and (2) the population at large. The test was normed on a nationwide sample of 1700 adults ranging in age of 16-75. Reliability and validity of the test are adequate.

Achievement

Nelson Denny Reading Test (NDRT)

The NDRT is designed to measure reading ability among high school and college level students. Although primarily designed for screening and for predicting academic success, the test can also be used for diagnosing individual reading problems. The instrument, which was designed for group administration, consists of a vocabulary part (100 items) and a comprehension part that contains 8 paragraphs and 36 items about these paragraphs. All items are five part multiple choice.

The test yields 4 separate scores: (1) vocabulary, (2) comprehension, (3) total, and (4) reading rate. Each score is given in terms of percentile; grade equivalent scores are also available. Test normalization was based on a national sample of 12,000 high school and college students. A separate norm table is given for each grade (9-16) plus adults in the form of percentiles. Reliability and validity are adequate.

Peabody Individual Achievement Test (PIAT)

The PIAT is intended to provide a wide-range screening measure of school achievement in the areas of mathematics, reading, spelling, and general information. The test is individually administered; i.e., the examiner reads the multiple choice items and the examinee selects the appropriate work, number, or illustration. It is especially useful for those people who can not write, those who have a kindergarten through twelfth grade achievement level, or those who do not perform well on group tests for emotional, cultural, or intellectual reasons.

Results are presented in six final scores: (1) mathematics, (2) reading recognition, (3) reading comprehension, (4) spelling, (5) general information, and (6) total. The test was normed on 200 boys and girls in each grade (K-12) who were selected from different geographical regions.

Wide Range Achievement Test (WRAT)

The WRAT was designed to study achievement in basic school subjects: reading, spelling, and arithmetic computation. Levels 1 and 2 of the test cover ages 5-12 and ages 12-adult, respectively.

Three subtests are included in each level: reading (Pronunciation and word recognition), spelling, and arithmetic. Scores X=100, SD=15) are given for overall performance and for each subtest. The normative population consisted of 6000 subjects varying in age from 5 years to adulthood.

Vocational Aptitudes

Bennett Hand-Tool Dexterity Test

The purpose of this test is to "provide a measure of proficiency in using ordinary mechanic's handtools," an ability that is a "combination of aptitude and of achievement based on past experience in handling tools." The test requires the removal of three sizes of nuts, bolts, and washers from a hardwood frame with the aid of three wrenches and one screwdriver, followed by fastening and tightening of the nuts and bolts on the other side of the frame.

Results are in the form of a time-of-completion score that is converted to percentiles that can be compared to several norm groups. Norms are given for male job applicants in a southern plant, male adults at a vocational guidance center, airline engine mechanics, apprentice welders in a steel company, electrical maintenance workers, employees and applicants in a manufacturing company, boys at a vocational high school, and high school dropouts in a metropolitan center.

Bennett Mechanical Comprehension Test (BMCT)

The BMCT measures "the ability to perceive and understand the relationship of physical forces and mechanical elements in practical situations." It consists of a series of paired illustrations that are presented to the examinee who must answer questions regarding mechanical principles and general physical concepts inherent in the illustrations.

Results are given as a mechanical comprehension score which is in percentile form. The test was normed on three types of individuals: (1) industrial applicants, (2) industrial employees, and (3) students. Reliability and validity are generally adequate.

Crawford Small Parts Dexterity Test

This test was designed "to measure fine eye-hand coordination" and consists of two parts. Part one requires the examinee to use tweezers to pick up a pin, place it in a hole on a pegboard, and fit a collar over the pin. Part 2 requires the examinee to use a small screwdriver and screw 30 screws through a plate.

Results in the form of percentile scores are given for both Part 1 and Part 2. Norms based upon the time-to-completion are available for the following male groups: unselected applicants, appliance factory applicants, two veteran groups, and two high school groups. Female group norms include assembly job applicants, factory applicants, hourly employees, and employed assemblers.

Purdue Pegboard

This test was designed to aid in employee selection for industrial jobs requiring manual dexterity in two types of activities: (1) gross movement of the hands, fingers, and arms and (2) "fingertip" dexterity. The test involves assembly of pins, washers, and collars on a pegboard.

Test results are presented in terms of five scores: (1) right hand, (2) left hand, (3) both hands, (4) right plus left plus both hands, and (5) assembly. Scores indicate the number of pins placed on the board within a 30 second time limit (1 through 3 above) and the number of assemblies completed in 1 minute for right plus left plus both hands. Scores are compared with percentile norms for eight groups of male and female industrial workers and two general groups composed of applicants and college students. Although face validity is high, reliability and validity in terms of correlations between test scores, production records, supervisor ratings, and job samples, are low.

Vocational Interest

Picture Interest Inventory (PII)

The PII is "designed to help an individual determine the pattern of his occupational interests, and at the same time, indicate to him those specific occupational fields which are career possibilities based on interest." The inventory, which is group administered, consists of two parts which contain illustrations of men performing various activities. Part I contains 53 items that each have three illustrations. The examinee selects the one he likes most and the one he likes least. Part II presents 30 illustrations and the examinee indicates if he likes or dislikes each illustration.

The PII is scored in six fields of occupational interest: (1) interpersonal service, (2) natural, (3) mechanical, (4) business, (5) esthetic, and (6) scientific. There are also three supplemental scales: (1) verbal, (2) computational, and (3) time perspective. Scores are presented in percentiles and are plotted. The normative population consisted of 1000 junior and senior high school and college students in 16 northern states. Both reliability and validity are adequate.

Strong Vocational Interest Blank (SVIB)

The SVIB is designed to help guide the individual into areas where he is likely to find the greatest job satisfaction. It provides an index of similarity between a person's interests and those of successful men and women in a variety of occupations. The SVIB is group administered and is available in both men's and women's form. Each form contains almost 400 items broken into 8 sections: (1) occupations, (2) amusements, (3) activities, (4) types of people, (5) order of preference of activities, (6) preference between two activities, (7) abilities and characteristics, and (8) school subjects.

The men's form contains the following types of scales: (1) 22 basic interest (e.g., art, science), (2) 54 occupational (e.g., engineer, social worker), and (3) eight non-occupational (e.g., achievement, age-related interest). The women's form contains: (1) 19 basic interests, (2) 58 occupational and (3) four non-occupational. Final scores are presented in letter grades A through C, which indicate the percent of agreement between the examinee's replies and the responses of the persons composing the scoring groups on which each particular scale was based. The Strong inventories use a separate occupational group for each scale and compare these results to a man-in-general or woman-in-general group. The scale has been shown to be reliable and valid.

Minnesota Importance Questionnaire (MIQ)

The MIQ measures vocational needs in 20 areas: ability utilization, achievement, activity, advancement, authority, company policies and practices, compensation, co-workers, creativity, independence, moral values, recognition, responsibility, security, social service, social status, supervision-human relations, supervision-technical, variety, and working conditions.

The resulting profile of the individual's vocational needs is matched with the work reinforcers provided in 148 occupations. Similarity between need and reinforcer profiles is a positive predictor of job satisfaction. Paired forms or ranked forms of the MIQ are available in English, Spanish, and French. To complete the MIQ, an individual must read at the fifth grade level or better.

The MIQ has adequate reliability "to be useful to the vocational rehabilitation counselor" (Manual for the Minnesota Importance Questionnaire, 1971, p. 38). Evidence indicates that the MIQ is a valid measure of vocational needs.